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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>  |              | Attorney Docket No. 224257<br>Client Reference No. 305790.01<br>First Inventor Salim S. AbiEzzi<br>Title HOME NETWORK MEDIA SERVER<br>WITH A JUKEBOX FOR ENHANCED<br>USER EXPERIENCE<br>Express Mail Label No. EV 329735576 US  |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
|--|--------------|---|----------------------|--------|--------------|--------------|------|--------------|----|------|----------------------|--------------------|---|------|--------------------|---|--|--|--------------|
| <b>APPLICATION ELEMENTS</b>  |              | <b>ADDRESS TO:</b><br>Mail Stop Patent Application<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450  |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <p>1. <input checked="" type="checkbox"/> Utility Patent Application Transmittal Form</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification (including claims and abstract) [Total Pages 22]</p> <p>4. <input checked="" type="checkbox"/> Drawings [Total Sheets 4]</p> <p>5. <input checked="" type="checkbox"/> Combined Declaration and Power of Attorney [Total Pages 2]</p> <p>a. <input checked="" type="checkbox"/> Newly executed</p> <p>b. <input type="checkbox"/> Copy from prior application [Note Box 6 below]</p> <p>i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u> Signed statement attached deleting inventor(s) named in the prior application</p> <p>6. <input type="checkbox"/> Incorporation by Reference: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered as part of the disclosure of the accompanying application and is hereby incorporated by reference.</p> <p>7. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper Copy</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |              | <b>ACCOMPANYING APPLICATION PARTS</b> <p>10. <input type="checkbox"/> Applicant requests early publication. (include publication fee under 37 CFR 1.18(d))</p> <p>11. <input checked="" type="checkbox"/> Assignment Papers (cover sheet and document(s))</p> <p>12. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an Assignee)</p> <p>13. <input type="checkbox"/> Power of Attorney</p> <p>14. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>15. <input type="checkbox"/> Information Disclosure Statement (IDS)</p> <p><input type="checkbox"/> Form PTO-1449</p> <p><input type="checkbox"/> Copies of Listed Documents</p> <p>16. <input type="checkbox"/> Preliminary Amendment</p> <p>17. <input checked="" type="checkbox"/> Return Receipt Postcard (Should be specifically itemized)</p> <p>18. <input type="checkbox"/> Claim of Priority &amp; Certified Copy of Priority Document(s)</p> <p>19. <input type="checkbox"/> Request &amp; Certification Under 35 USC 122(b)(2)(B)(i) (Form PTO/SB/35 or its equivalent must be submitted with this application to prevent publication at 18 months)</p> <p>20. <input checked="" type="checkbox"/> Application Cover Page</p> |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <p>21. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part of prior application no. Prior application information: Examiner ; Group Art Unit:</p>  |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <b>APPLICATION FEES</b>  |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <b>BASIC FEE</b>   |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| \$770.00   |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLAIMS</th> <th style="text-align: left;">NUMBER FILED</th> <th style="text-align: left;">NUMBER EXTRA</th> <th style="text-align: left;">RATE</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>26</td> <td>-20=</td> <td>6 x \$18.00 \$108.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 3=</td> <td>0 x \$86.00 \$0.00</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Multiple Dependent Claim if applicable</td> <td>+\$290.00 \$</td> </tr> </tbody> </table>  |              |   |                      | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total Claims | 26 | -20= | 6 x \$18.00 \$108.00 | Independent Claims | 3 | - 3= | 0 x \$86.00 \$0.00 | <input type="checkbox"/> Multiple Dependent Claim if applicable |  |  | +\$290.00 \$ |
| CLAIMS   | NUMBER FILED | NUMBER EXTRA  | RATE                 |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| Total Claims   | 26           | -20=  | 6 x \$18.00 \$108.00 |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| Independent Claims   | 3            | - 3=  | 0 x \$86.00 \$0.00   |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <input type="checkbox"/> Multiple Dependent Claim if applicable  |              |   | +\$290.00 \$         |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| Total of above calculations = \$878.00   |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| Reduction by 50% for filing by small entity = \$( )  |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <input checked="" type="checkbox"/> Assignment fee if applicable + \$40.00 \$40.00   |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| <input type="checkbox"/> Early publication fee if applicable + \$300.00 \$   |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |
| TOTAL = \$918.00   |              |   |                      |        |              |              |      |              |    |      |                      |                    |   |      |                    |   |  |  |              |

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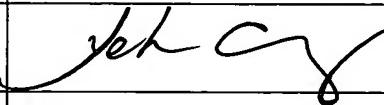
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## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No. 224257  
Client Reference No. 305790.01

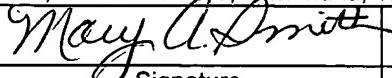
22.  Please charge my Deposit Account No. 12-1216 in the amount of \$918.00.
23.  A check in the amount of \$ \_\_\_\_\_ is enclosed.
24. The Commissioner is hereby authorized to credit overpayments or charge any additional fees of the following types to Deposit Account No. 12-1216:
- a.  Fees required under 37 CFR 1.16.
  - b.  Fees required under 37 CFR 1.17.
25.  The Commissioner is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Commissioner is hereby specifically authorized to charge Deposit Account No. 12-1216 for any fee that may be due in connection with such a request for an extension of time.

## 26. CORRESPONDENCE ADDRESS

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Customer Number: 38887<br><br>38887 |  | <input type="checkbox"/> , Reg. No.<br>Leydig, Voit & Mayer, Ltd.<br>Two Prudential Plaza, Suite 4900<br>180 North Stetson Avenue<br>Chicago, Illinois 60601-6780<br>(312) 616-5600 (telephone)<br>(312) 616-5700 (facsimile) |
| Name  | Y. Kurt Chang, Registration No. 41397  |   |
| Signature   |  |   |
| Date  | December 15, 2003  |   |

## Certificate of Mailing Under 37 CFR 1.10

I hereby certify that this Utility Patent Application Transmittal and all accompanying documents are being deposited with the United States Postal Service "Express Mail Post Office To Addressee" Service under 37 CFR 1.10 on the date indicated below and is addressed to: Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

|                        |  |                   |
|------------------------|--|-------------------|
| Mary A. Smith          |  | December 15, 2003 |
| Name of Person Signing | Signature  | Date              |

Utility Transmittal (Revised 10/1/03)